



Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599

ENTITY DEMOGRAPHICS

Applicant Entity

(Entity Seeking State Operating License)

- ☐ Initial Prequalification Application
☐ Refiled Application of Lapsed Prequalification

LICENSE TYPES: Indicate the license type(s) and projected number of each license for which the applicant entity will be applying. Please see the Application Instruction Booklet for information on application fees and how they are assessed.

Note: Application fees are nonrefundable.

	License Types	Number of Licenses	Description of License
<input type="checkbox"/>	Grower Class A		Grower license for 500 marijuana plants
<input type="checkbox"/>	Grower Class B		Grower license for 1,000 marijuana plants
<input type="checkbox"/>	Grower Class C		Grower license for 1,500 marijuana plants
<input type="checkbox"/>	Processor		License authorizes purchase of marijuana from a grower and sale of infused-products or marijuana to a provisioning center.
<input type="checkbox"/>	Secure Transporter		License authorizes storage and transportation of marijuana and associated money between facilities.
<input type="checkbox"/>	Provisioning Center		License authorizes the sale of marijuana to a registered qualifying patient or registered primary caregiver.
<input type="checkbox"/>	Safety Compliance Facility		License authorizes the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility or registered primary caregiver.

OTHER LICENSE APPLICATION AFFILIATIONS: If the applicant is a supplement applicant of or providing capital to another applicant entity under the Medical Marijuana Facilities Licensing Act, 2016 PA 281(MMFLA), please provide the following information (use related addendum if additional pages are necessary).

Entity Name/ERGA	License Type(s)	Interest/Involvement	Capital Contribution (Y/N)
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DEMOGRAPHIC INFORMATION

Please provide the following information regarding the applicant entity.

Entity Name (as appears on official entity document)			Assumed Name (as used in conducting the business, if applicable)		
Entity Mailing Address			FEIN		
City	State	Zip Code	Entity Phone		
Entity Physical Address			Entity Email Address		
City	State	Zip Code	Entity Website (if available)		

PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)			Affiliation with Entity		
Mailing Address			Entity Name (if applicable)		
City	State	Zip Code	Phone		
Regulatory License No. (if applicable)			Email Address		